

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-679)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT		NO.	DEF.	NO.	DEF.	NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
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TOTAL NO.	4											
TOTAL DEF.	15											
TOTAL	19											

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